

Building Healthy Communities

Planning for Place Partnership



Proposal Deadline:
Friday, May 1, 2009 (5p.m. PST)

BACKGROUND

The California Endowment believes that a healthy community requires prevention-focused systems and community environments that work together to produce optimal health across the life span. When these systems and environments are supportive, the result is a community in which individuals can more easily engage in healthy behaviors. Healthy children are products of supportive environments and caring families, so the health of children reveals much about the health of the communities in which they live. We therefore believe that the sentinel indicators of a healthy community are children and youth who are healthy, safe and ready to learn.



In 2010, The Endowment will launch *Building Healthy Communities*, a 10-year strategic plan designed to improve health systems and the physical, social, economic and service structures that support healthy living and healthy behaviors in California.

Four goals will guide our work:

- Health systems are family centered and prioritize prevention.
- Schools anchor communities, promote healthy behaviors and are a gateway for resources and services.
- Human services systems are family centered, prioritize prevention and promote opportunities for children, young adults and their families.
- Physical, social and economic environments in local communities support health.



These goals are informed by the fact that health problems are intrinsically linked to poverty, employment, education, child development, housing, the environment and other issues.

BUILDING HEALTHY COMMUNITIES

Our work over the next 10 years will be organized around two interrelated elements: *place* and *policy*. At the local level, we will enter into long-term, place-based partnerships to work with local leaders to improve environments, policies and health outcomes for children, youth and their families in underserved communities. Our experience has taught us that the most effective social entrepreneurs are local leaders who reside where the challenges of poor health (e.g., childhood obesity, youth violence, mental health issues) are most acute. It is the passion, creativity, strength and experience of these leaders and their organizations that can nurture the development of a healthy community.

The second element of our strategic plan represents our commitment to elevate the experiences of local communities to shape and influence regional, state and national policy decisions. We will seek policy changes that will institutionalize, sustain and take to scale the demonstrations and successes under the *Building Healthy Communities* plan. We also will pursue policy and systems changes across the



The following outcomes will provide the basis for measurement of The Endowment's overall success over the next decade:

1. All children have health coverage.
2. Families have improved access to a health home¹ that supports healthy behaviors.
3. Health and family-focused human services² shift resources toward prevention.
4. Residents live in communities with health-promoting land use, transportation and community development.
5. Children and their families are safe from violence in their homes and neighborhoods.
6. Communities support healthy youth development.
7. Neighborhood and school environments support improved health and healthy behaviors.
8. Community health improvements are linked to economic development.
9. Health gaps for young men and boys of color are narrowed.
10. Strategic use of media elevates local experience to help influence policy and systems change at all levels.

state that will institutionalize best practices, such as collaboration among agencies and service integration.

Our intent is to optimize our support for community leaders to succeed at the local level and to link the results and lessons of those successes to a strategic and disciplined policy advocacy agenda. We believe that this parallel commitment to both *place* and *policy* is necessary to achieve our mission to build healthy communities throughout California.

¹ A "health home" is a primary health provider which ensures that health care is accessible, comprehensive, coordinated, family-centered, culturally competent and includes prevention.

² Examples of "health and family-focused human services" include: employment training and development; health and behavioral health services; economic benefits eligibility and enrollment; juvenile justice and youth services.

14 PLACES

We have identified 14 communities throughout California that we would like to partner with to achieve these 10 outcomes. To begin the process of a Place Partnership, The California Endowment is offering planning grants and technical assistance to the following places:

- Del Norte County and adjacent Tribal Lands
- South Sacramento
- Richmond
- East Oakland
- East Salinas
- Southwest Merced/East Merced County
- Central/West Fresno City
- South Kern County
- Boyle Heights (Los Angeles)
- South Figueroa Corridor/Vermont-Manchester (Los Angeles)
- Central Long Beach
- Central Santa Ana
- Coachella
- City Heights (San Diego)

In most cases, these places are actually clusters of neighborhoods with a total population under 90,000. In rural areas, we have selected larger geographic areas, but still with a population under 90,000. Please refer to www.calendow.org/healthycommunities for maps showing the preliminary geographic boundaries of each of these places.

PLANNING FOR PLACE PARTNERSHIP

This RFP includes guidance for requesting a Place Partnership planning grant. *We are requiring that community leaders collaborate on a single proposal in each of the 14 places.*

The purpose of the planning process is to engage community residents, leaders of community-based organizations and public agencies and other key stakeholders in development of a plan toward achievement of the 10 outcomes noted above. Endowment staff will be actively engaged in the process and will be available to answer questions and provide technical assistance.

The planning period will formally begin on June 1, 2009 and will last for nine months, until February 26, 2010. Thereafter, The Endowment will make/commission grants directly to qualifying nonprofit organizations



and other entities based on the plans developed under this planning process. While this RFP begins the community planning process, we recognize that the resulting plan will not be static, and instead will be a “living” document likely to change during the next 10 years through lessons learned and changes in the political and economic environments.

EXPECTATIONS

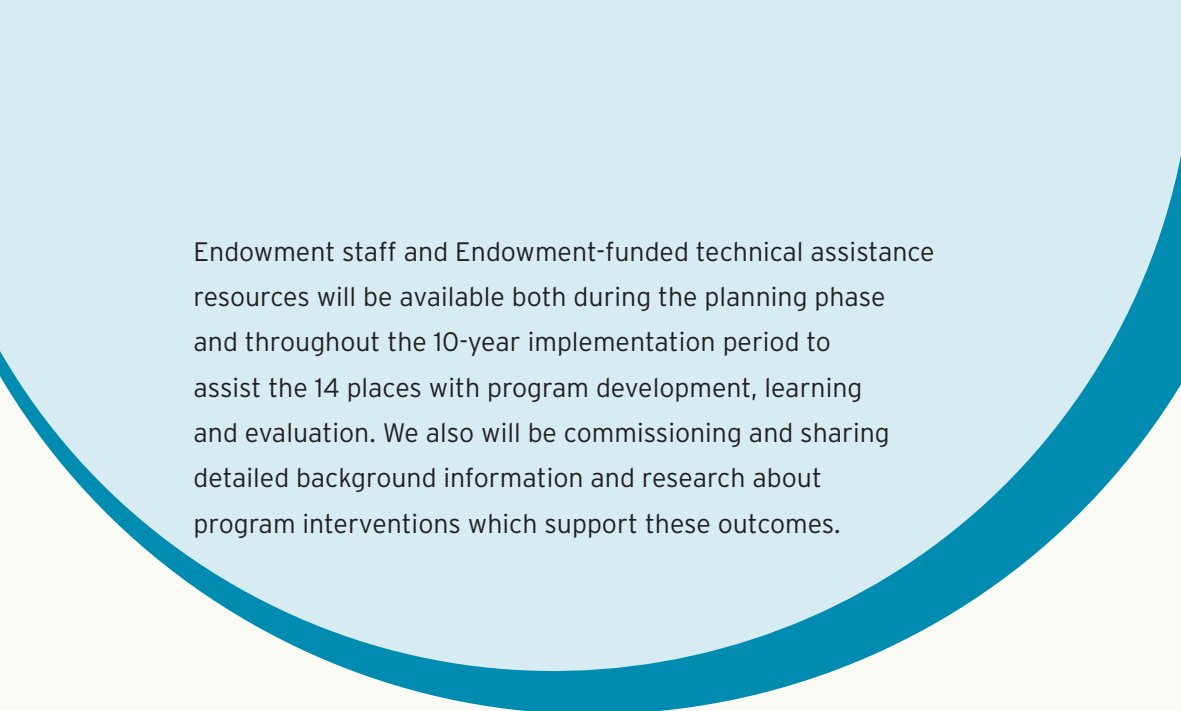
The following are our expectations for each of the 14 place partnerships:

Agreement to work on all 10 outcomes over 10 years

Local stakeholders must agree to work towards achievement of all 10 outcomes that The Endowment has established under our *Building Healthy Communities* plan (see page 5). We recognize that these outcomes are comprehensive and ambitious. We do not expect that any single organization, government agency or place will be able to achieve them in isolation. Therefore, our intent and approach will be to support collaborative activities among local stakeholders and among all 14 places to achieve these outcomes together.

Engagement of community residents

We believe that community residents are essential participants in this planning process.



Endowment staff and Endowment-funded technical assistance resources will be available both during the planning phase and throughout the 10-year implementation period to assist the 14 places with program development, learning and evaluation. We also will be commissioning and sharing detailed background information and research about program interventions which support these outcomes.

If there already are local community resident organizations and activities (e.g., youth organizations, neighborhood associations and councils, homeowner and renter associations, block associations, faith-based networks, community organizing groups), then this pre-planning phase and the planning proposal itself must include them. If local community resident organizations and activities do not currently exist in the place, or if the existing resources do not reflect the diversity of the community, then the proposal for planning should include a workplan to conduct some initial resident engagement activities to ensure broad-based participation in the planning process. These could include community town hall meetings, focus groups, household visits and resident surveys.

*Engagement of other stakeholders
essential to the success of the local plan*

We believe that the early engagement of local government and community-based organizational stakeholders (such as

those listed in Attachment Two)

will be essential to the success of the planning process. We recognize that it is difficult for organizations and government agencies to commit to 10 years of partnership without

knowing the full requirements, expectations and resources available. Accordingly, this proposal for planning only requires a commitment to engage in this nine-month *planning* process. At the end of the planning process, each community organization and government agency will be asked to confirm their commitment to engage in the 10-year implementation partnership.

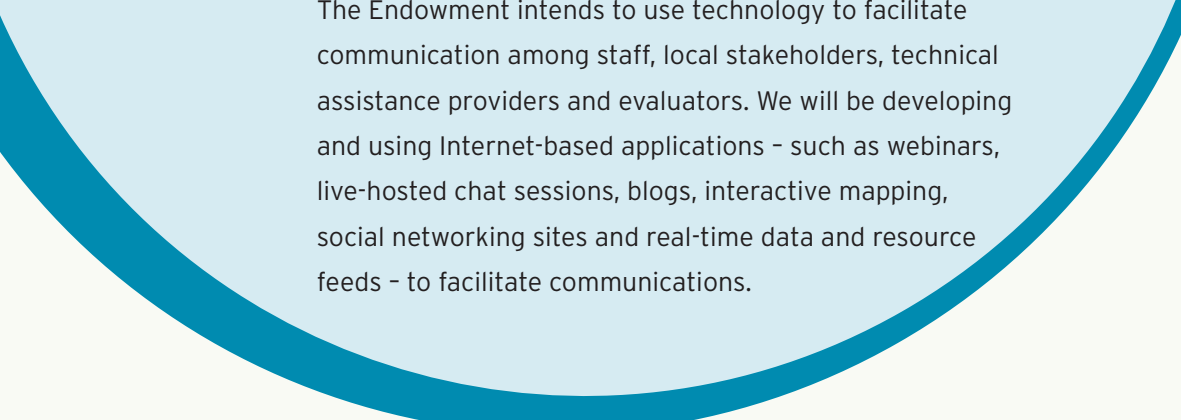


*Engagement with Endowment staff,
other places, technical assistance
providers and evaluators*

One of our expectations for the planning process is that representative stakeholders from each of the 14 places will actively participate in statewide communication, networking, learning and evaluation activities.

The planning collaboration will be asked to identify appropriate and representative membership to participate in and disseminate information from these exchanges. The Endowment will facilitate these opportunities. Local stakeholders participating in our partnership should plan for the following minimum activities during the nine-month planning period:

- An in-person kick-off meeting with representatives from each of the places.
- Monthly conference calls with Endowment staff, technical assistance providers and evaluators (most likely with subsets of stakeholders from each place - for example, there may be calls scheduled to discuss each of the 10 outcomes, and we will invite each place to identify the appropriate local stakeholders to participate on each call).
- Site visits with Endowment staff and board.
- At least one site visit from the Endowment-commissioned evaluation team.
- Another in-person meeting to discuss the process for local and statewide implementation of the *Building Healthy Communities* plan.



The Endowment intends to use technology to facilitate communication among staff, local stakeholders, technical assistance providers and evaluators. We will be developing and using Internet-based applications - such as webinars, live-hosted chat sessions, blogs, interactive mapping, social networking sites and real-time data and resource feeds - to facilitate communications.

Note: Conference call, travel and meeting costs for all cross-initiative activities described in this section will be funded directly by The Endowment and do not need to be included in planning proposals. However, if time for these activities needs to be supported during the planning period, it should be budgeted for and included in the planning proposal budget.

Finalization of geographic boundaries and place name

We have defined geographic boundaries for each of the 14 places based on U.S. Census boundaries, socio-demographic data, political boundaries and population size (no more than 90,000 persons). We recognize that our efforts to define these boundaries may be imprecise, so a first task for local stakeholders will be to work with Endowment staff to ratify and finalize these geographic boundaries and to name the place based on local expertise.

Development of an implementation plan

By the conclusion of the planning period (February 26, 2010), all 14 places will be expected to produce a logic model as well as a written plan that includes specific projects, activities and strategies that will result in measureable progress towards achievement of the 10 outcomes. The plan also will be expected to describe a collaborative organizational structure and timeline that will guide ongoing planning, assessment, priority setting and coordination of activities throughout the 10-year period.

ELIGIBLE APPLICANTS

Attachment One is the planning proposal template that should be completed for each place. *We will accept only a single, collaboratively developed planning proposal from each place.* The applicant organization should not be viewed as the “lead organization” for the long-term partnership with The Endowment. The applicant organization’s role is primarily to facilitate the planning during this first nine-month phase of *Building Healthy Communities*. If needed, Endowment staff is available to assist local stakeholders in identifying or agreeing upon the appropriate applicant organization.

Preferably, the applicant organization would be:

- Tax-exempt under Section 501(c)(3) of the Internal Revenue Code;
- Experienced in facilitating a community planning process with a diverse group of stakeholders;
- Physically located in the place or currently working and/or providing services in the place; and
- Able to administer the grant funds for this planning process, including hiring and paying contractors, paying stipends for local organizational stakeholders and community residents, etc.

Racial and ethnic minority-led community-based organizations are encouraged to serve as the applicant organization. These are organizations that: (1) have an explicit mission to serve racial and ethnic minority populations, and (2) are led by staff and boards representative of those racial and ethnic minority populations.

HOW TO APPLY

A complete proposal *must* include:

- Our application cover sheet;
- Completed proposal materials:
 - Attachment One: Proposal Narrative
 - Any accompanying documents (e.g., letters of support, workplans, resumes);
- A proposed line-item budget with an accompanying narrative budget justification;
- List of the Board of Directors of the applicant organization;
- IRS determination letter of 501(c)(3) status or certification of entity status, if a public agency;
- A copy of the latest IRS Form 990 and Schedule A filed for the applicant organization;
- A copy of the latest audited annual organizational financial statements for the applicant organization. (If no audit has been completed, submit your most recent financial statements.); and
- Letters of support from local stakeholders participating in the planning process.

Proposals must be received by The California Endowment by 5:00p.m. PST on Friday, May 1, 2009. Proposals may be mailed or delivered to:

**Grants Administration
The California Endowment
1000 North Alameda Street
Los Angeles, California 90012**

QUESTIONS AND TECHNICAL ASSISTANCE

If you have any questions or need technical assistance in preparing and submitting this proposal, please contact either:

**Gregory Hall, Interim Director
Healthy Communities North Region**

Includes: Del Norte, South Sacramento, Richmond, East Oakland, East Salinas, Southwest Merced/East Merced County, Central/West Fresno City, South Kern County

ghall@calendow.org
800.449.4149

**Beatriz Solis, Director
Healthy Communities South Region**

Includes: Boyle Heights, South Figueroa Corridor/Vermont-Manchester, Central Long Beach, Central Santa Ana, Coachella, City Heights

bsolis@calendow.org
800.449.4149



Note: While The Endowment invites this partnership with all 14 places, we will exercise our grant-making discretion in reviewing and approving these proposals.

TIMELINE

- May 1, 2009 (5:00p.m. PST)
Deadline for receipt of proposals.
- May 15, 2009
Notification of grant awards.
- June 1, 2009
Start of planning process.
- February 26, 2010
Deadline for receipt of community plans.

ABOUT THE CALIFORNIA ENDOWMENT

The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. This conversion set the groundwork for our mission: *to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.*

The Endowment's vision for a healthy California involves more than the absence of disease. It is a state where community members and policymakers work together to improve health and health care, and there is respect for the experience and knowledge of the people who are the most directly affected by health disparities. It is a state where all Californians have a strong sense of self-worth and practice healthy lifestyles, where diversity is a source of strength for communities, where health problems are addressed promptly and effectively to minimize their consequences, and where prevention is a shared agenda and partnership is the norm.

For more information about The California Endowment, please visit www.calendow.org.

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